

Will It Continue to Happen?

DILLON'S OVERVIEW "How Did It Happen" appears elsewhere in this issue. It is provocative reading for those interested in how and why the present highly publicized crisis in health manpower came about. As might be expected, running through the discussion is the effect of scientific progress and change upon medical manpower, education and practice. Also appearing throughout the paper are reminders that the fundamental goals of medicine are really social and not scientific as many would have us believe, and that this has always been the case, although not always recognized either by medical educators or those now in positions of professional leadership, all of whom received their training during the height of the Flexner era in medical education.

Dr. Dillon suggests that part of the reason "it happened" may be that very few have taken the trouble to read the whole Flexner report or to understand something of the rather extraordinary man who wrote it. This may well be true, but it would seem that most of the difficulty must be due to something much more profound. Trained in biology, one instinctively thinks in terms of adjustment and adaptation, and wonders whether some basic mechanism to achieve this is lacking in medicine or society, or both. And if this is the case, then what might it be that is lacking?

A common characteristic of organized medicine, the society it serves, and the faculties of universities and medical schools for that matter, is that they are all democratic systems and must arrive at their decisions by achieving a consensus of some kind through the democratic process. The machinery is such that it is very difficult to

bring a complex problem into focus at all, and almost impossible if it is one whose impact will be felt only at some future time. Democratic systems, like the airplanes of years gone by, tend to fly by the seat of the pilots' or voters' pants, often with surprisingly little understanding of the questions which must be decided or of the facts which bear upon them. Whenever there is some kind of failure or crisis (and this now occurs so often as almost to be a way of life) the professionals are always blamed first and then it is expected that they, or someone, will know how to pick up the pieces and somehow put them together so that things can be got running again.

If this assessment is correct, then the probabilities are that "it will continue to happen" until some kind of mechanism can be introduced into the democratic system which will do for the social system of humans what the human brain does for the central nervous system of humans. What seems to be needed is some kind of social or political instrument which can not only look around but look ahead, define and quantitate problems which may be anticipated, objectively and without prejudice collect and review all the pertinent facts, and present alternatives for action in a way that can be understood. Such an instrument must be closely linked with those who make the decisions and those who must carry them out if the democratic nature of the system is to be preserved. It seems all too evident that a democratic social system composed of humans needs a brain just as badly as does the biological system of the humans who compose it—and for the same reasons—if it is to be capable of adjustment, adaptation and survival.

Until such an instrument evolves within the democratic system both of medicine and of the society which medicine serves, it seems most likely that "it will continue to happen" with respect to health manpower and many other things, and the same is true for the democratic society which medicine serves. Flexner sensed the need to look about, look ahead, recognize change and adapt the system to meet the change. This lesson was apparently lost upon most of those who have been influenced by his report. Someday it will be learned—and soon, we hope, for this is the Achilles heel of any democratic system.